

**APPLICATION FOR SECTION 6377  
MANUFACTURER'S EXEMPTION CERTIFICATE  
AND USE TAX DECLARATION**

*Please Type or Print Clearly*

**SECTION I — BUSINESS LOCATION/OWNERSHIP INFORMATION**

BUSINESS NAME	SALES/USE TAX PERMIT NUMBER
BUSINESS ADDRESS ( <i>Street</i> )	PLEASE CHECK TYPE OF OWNERSHIP
( <i>City, State and ZIP Code</i> )	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Husband/Wife co-ownership <input type="checkbox"/> Partnership
MAILING ADDRESS ( <i>If Different from Business Address</i> ) ( <i>Street Address or P.O. Box</i> )	<input type="checkbox"/> Corporation <input type="checkbox"/> Other _____
( <i>City, State and ZIP Code</i> )	IF CORPORATION, ENTER FULL CORPORATE NAME
BUSINESS TELEPHONE NUMBER (    )	CORPORATE NUMBER/STATE OF INCORPORATION

**SECTION II — CONSTRUCTION CONTRACTOR**

**Are you a construction contractor?** (*If NO, skip to Section III.*) ☐ YES    ☐ NO

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**Are you constructing a special purpose building?** (*If YES, enter address below.*) ☐ YES    ☐ NO

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ADDRESS OF SPECIAL PURPOSE BUILDING

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**Are you purchasing tangible personal property as a manufacturer's agent?** ☐ YES    ☐ NO

(*If YES, enter the manufacturer's sales/use tax permit number below.*)

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SALES/USE TAX PERMIT NUMBER OF THE MANUFACTURER

*Attach a Copy of the Agency Authorization and Skip to Section IV*

**SECTION III — BUSINESS INFORMATION**

DATE BUSINESS WAS FIRST FORMED OR ORGANIZED	DATE YOU FIRST BEGAN MANUFACTURING
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**Have you previously been engaged in a trade or business in California?** ☐ YES    ☐ NO

(*If YES, list the name and sales/use tax permit number of the previous business below.*)

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NAME AND SALES/USE TAX PERMIT NUMBER OF THE PREVIOUS BUSINESS

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**Enter the SIC (Standard Industrial Code) of your business:**

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**List below the products that are/will be manufactured.**

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**List below all manufacturing locations where the property being purchased will be used.**

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NAME OF MANUFACTURING LOCATION

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(*Street, City, State and ZIP Code*)

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NAME OF MANUFACTURING LOCATION

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(*Street, City, State and ZIP Code*)

**Attach Additional Sheets as Necessary**  
*Continued on Reverse*

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**SECTION IV — MISCELLANEOUS INFORMATION**


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ARE YOU

- ☐ Starting a new business?      ☐ Incorporating an existing sole proprietorship or partnership?      ☐ Other?  
☐ Buying a business?    If yes, please indicate name of former owner and account number:

FORMER OWNER	ACCOUNT NUMBER
PURCHASE PRICE \$	VALUE OF FIXTURES AND EQUIPMENT \$

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**SECTION V — CERTIFICATION**


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*The statements above are hereby certified to be correct to the best knowledge and belief of the undersigned, who is duly authorized to sign this application.*

SIGNATURE

TITLE

NAME (Typed or Printed)

DATE

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**FOR BOARD USE ONLY**


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SALES/USE TAX PERMIT NUMBER	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO
VALID <b>FROM</b>	<b>TO</b>
MANUFACTURER'S EXEMPTION CERTIFICATE NUMBER	MANUFACTURER'S USE TAX DECLARATION NUMBER
REVIEWED BY	APPROVED BY

DISAPPROVAL REASONS:

- |   |   |
|---|---|
| <input type="checkbox"/> Incomplete Information                     | <input type="checkbox"/> SIC Code Not Appropriate                       |
| <input type="checkbox"/> Start of Business/Activity Prior to 1/1/94 | <input type="checkbox"/> No Seller's Permit or Consumer Use Tax Account |
| <input type="checkbox"/> Agent Status Only                          | <input type="checkbox"/> Other  |

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**Attach Additional Sheets as Necessary**